P	1eas	e hele	YOV	CD	11h7	H1 4		eN	<u></u>	٠ ر			
U								Application or Docket Number					
	PATENT /	APPLICATIO		16/7	17	3,63	35						
_		Effect	tive Octob			47		136	<u>5</u> 5				
CLAIMS AS FILED - PART I								SMALL EI	NTITY		OTHER	THAN	
(Column 1) (Column 2)							1	TYPE [<u> </u>	OR	SMALL	ENTITY	
TOTAL CLAIMS			75					RATE	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 5 minus 20=		. 55		Ì	XS 9=	495	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		7			X43=	41	OR	X86≃		
MU	ILTIPLE DEPEN	NDENT CLAIM PE	RESENT			· 🗆	Ì	+145=	10-		÷290=		
• If the difference in column 1 is less than zero, enter "0" in column 2							l		0/6	OR			
1.16								TOTAL	960	OR	TOTAL		
10	11/02 C	•	SMALL E	ENTITY	OR	OTHER SMALL 6							
		(Column 1) CLAIMS REMAINING		(Colum	EST	(Column 3)	ſ		ADDI-			ADDI-	
E		AFTER	. !	PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
SME	Total	* 25	Minus		5		Ī	XS 9=		OR	XS18=		
AMENDMENT A	Independent		Minus	(5	= /-	-	X43=			X86=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	¥43=		OR	A60-		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								+145=		OR	+290≃		
1,4,35,46,57							۾:	. TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT. FEE		
	·	(Column 1)											
8		CLAIMS REMAINING		HIGHE NUMB	BER	PRESENT		RATE	ADDI [:] TIONAL		RATE	ADDI- TIONAL	
EN		AFTER AMENDMENT	!	PREVIO PAID F		EXTRA		HAIE	FEE		HAIE	FEE	
NDMENT	Total	•	Minus	***		=		X\$ 9=		OR	X\$18=	·	
AME	Incependent	•	Minus	***		±		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 -					· · ·	
								+145=		OR	+290= TOTAL	· •	
·								TOTAL DDIT. FEE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									-				
ပ		CLAIMS REMAINING		NUMB	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
EN		AFTER AMENDMENT	·	PREVIO PAID F		EXTRA			FEE		TAIL .	FEE	
AMENDMENT C	Total	•	Minus	**		= .		X\$ 9=	I	OR	X\$18=		
ME	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **THIS TOTAL OR ADDIT FEE												·	
7	The Highest Num	nber Previously Paid	1 For (Total or	: Independe	nt) is the	highest number	r foun	id in the app	ropriate box	in col	uma 1.		